

PRACTICAL OBSERVATIONS
ON
PECULIAR AFFECTIONS
OF
THE THROAT,
ARISING FROM
ABSCESS BETWEEN THE PHARYNX AND SPINE,
AND OCCURRING IN CHILDREN AND ADULTS;
EXEMPLIFIED BY CASES.



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PRACTICAL OBSERVATIONS
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&c. &c.

THE several obstructions, mechanical or otherwise, which occur in the fauces, and impede the functions of respiration or deglutition, have particularly attracted the attention of the Profession. They are frequently met with, and in the majority of instances they are referrible to causes sufficiently manifest. Occasionally, however, considerable difficulty attends their diagnosis, particularly in children, from the extreme obscurity and anomalous character of the symptoms. Such difficulty occurred in those attendant on inflammation at the back of the pharynx, terminating in abscess, illustrative of which I beg to subjoin the following cases.

Of a family of five boys, the eldest, aged seven years, the youngest, one year and eight months, three were attacked as follows, without any assignable cause.

The youngest, a healthy child, went to bed well ; after about two hours awoke with vomiting, which attracted no particular attention ; passed the night tranquilly ; next morning appeared heavy, took his ordinary mid-day sleep, and was found about two o'clock, P. M., in convulsions. Immediate assistance was procured, which, notwithstanding the most prompt and active treatment, proved unavailing. I saw him for the first time about

two hours before death, he was then comatose, and almost pulseless; the left side was wholly paralytic; the right slightly convulsed. He survived the attack only twenty-two hours, dating from the supervention of the convulsions—thirty-nine from that of the vomiting.

On examination after death, considerable vascular turgescence was found within the skull, and throughout the substance of the brain. No other appreciable lesion was discernible.

This occurred on the last Friday in May, 1836.

On the following Sunday, the third boy, aged six years, was attacked. He was a remarkably delicate child, and much emaciated, being then only convalescent from remittent fever. He now vomited repeatedly, complained of violent pain in the head, and had other smart febrile symptoms. However, by mild depletory measures he passed through an illness of three or four days' duration, without any remarkable occurrence.

On Monday, the fourth boy (the subject of this communication) sickened with precisely the same train of symptoms. His age was three years and a half, and in appearance he was healthy. The premonitory symptoms of his attack, at first mild, after about thirty-six hours, assumed most intense severity, and without unnecessarily particularizing their progress, it may be stated, that the most aggravated form of high inflammatory fever set in, principally engaging the cerebral organs, and requiring the most energetic treatment to combat it. On about the fourth day, convalescence appeared established, and Dr. Crampton (whose valuable assistance I had throughout the progress of this case) discontinued his daily attendance.

From day to day a peculiar fixed position of the head, and stiffness in the neck, now attracted attention. The head was drawn back. The muscles, at first tense, became completely and permanently rigid, and the movements of the head painful, and remarkably limited. Soreness in the throat was complained of, and also great difficulty in swallowing, at times accompanied with violent spasmodic efforts. There was no cough, and the

voice remained perfect. The articulation became remarkable, —the words being as if drawled out with pain and difficulty, and at times perfectly unintelligible.

Repeated and careful examination of the fauces and neck could not detect any apparent local cause for those symptoms, which, with varied degrees of intensity, advanced, producing equally alarming constitutional disturbance and debility.

At first, disposed to attribute them to concurrent local causes, such as the quantity of mercury administered during the acute illness of the child, the cold from the renewed application of ice to the head, or some partial internal effusion, the result of the acute inflammatory attack, more serious mischief was now apprehended from their increasing severity and permanency. The treatment adopted was principally with the view of promoting the absorption of any fluid effused, and consisted chiefly in the exhibition of mild mercurial alteratives, and the application of counter-irritants to the region of the occiput.

On about the tenth day, the symptoms had reached their acmé; the child, emaciated and weakened, had no relish for food, and appeared to drink merely to allay thirst, the efforts at swallowing being convulsive and painful. He was now in a perfect state of somnolency, regardless of every thing about him, when accidentally, whilst sitting beside his bed, I perceived, that *position* most remarkably influenced the severity of the prominent symptoms. Stupor in the recumbent posture, almost amounting to perfect coma, in the sitting, or even semi-erect, resolved itself into a comparative sensibility. Respiration, slow, laboured, and stertorous, or rather roaring, (as described by the attendants on the child,) in the former position, became comparatively tranquil in the latter, and a pulse, in the one, ranging only a beat or so above forty, in the other, assumed a more natural character. Again, fluids were more frequently darted convulsively forwards through the nostrils or mouth, than passed into the stomach, or were ejected, as in the act of vomiting, and the recurrence of the symptoms of cerebral com-

pression took place on returning to the recumbent posture, which for the last three days had been almost the permanent one.

I now considered that this relation of symptoms might still be caused by mechanical obstruction in the pharynx, although repeated examinations on former occasions did not lead me to this conclusion. An additional obstacle presented itself in the fixed position of the jaws, so that it was only by considerable force I could so far separate them as to admit of even getting my little finger between them. On forcing it back, I accidentally, but distinctly, felt a tumefaction beyond the base of the tongue, giving, as well as a compressed finger could indicate it, a sense of yielding. To get a view of it was utterly impossible. The soft palate and uvula were easily discernible, but the depression of the tongue gave so much pain, and the separation of the jaws was so very limited, that further investigation was totally out of the question. Indeed, in addition, the evidence, even from touch, was necessarily momentary, from the severe paroxysms of dyspnœa attendant on the examination.

Although I had never heard of, nor witnessed a case of the kind before in children, it at once occurred to me, that this might be an abscess at the back of the pharynx, mechanically producing the above symptoms, and having stated this as my opinion to the family, the assistance of Dr. Crampton and Mr. Cusack was immediately procured. After a patient, though extremely unsatisfactory examination, they coincided in opinion with me as to the presence of a tumour in the situation alluded to, and it was determined that I should perforate it with an explorer which I had provided for the purpose, with the view of ascertaining its actual nature,—a doubt existing on this head, not alone from the extreme firmness of the tumour communicating a very indistinct sense of fluctuation, but also on account of its probable anomalous nature from the previous acute and present chronic cephalic symptoms. With every necessary precaution I accomplished this object, though with considerable difficulty, and to my great gratification, witnessed the sudden

gushing forth of a large quantity of healthy purulent matter. The whole features of the case were almost instantaneously altered. The somnolency was removed, deglutition was facilitated, and more cheering prospects manifested themselves. Nourishment was freely given throughout the day, and Quinine administered in small and repeated doses.

At my evening visit I perceived that the stertorous breathing had returned, and that the more prominent symptoms which had ceased since the operation, were again in some degree present. I examined the throat, and fortunately found the separation of the jaws now accomplished with ease. The abscess was again filled, with the opening closed. I introduced a carefully protected sharp pointed bistoury into the site of the opening, and freely enlarged it downwards. The relief was instantaneous. I now directed the trunk of the child to be elevated as much as possible, and the head depressed. The night was passed comparatively tranquil; the quantity of matter which escaped through the mouth was considerable, largely staining the pillow. The next day, the boy was able to play with his brothers, and subsequently his improvement was progressive, though slow.

He is now a fine healthy boy. I do not particularize the treatment adopted during his convalescence; there was nothing peculiar in it, its principal object being to improve the general health.

The next case, which I shall select, is that of a boy aged seven months, proving the remarkable fact of the occurrence of such an affection during the first period of childhood, as the former does, during the second.

In April, 1838, I was sent for to see this child by the father, who stated that he had great apprehension his little boy was labouring under water on the brain: that many children of his immediate family had fallen victims to it, and that the symptoms under which this child laboured, were exactly those by which the attacks of the former had been ushered in. On visiting the child, I found every indication of gastro-enteric derangement, so common at this period of life, and very suspicious

cerebral complication, rendered more so from the fact of hereditary pre-disposition. In addition I found, that some lymphatic glands, on the left side of the neck near the angle of the jaw, were enlarged and painful, evidently depending on ulceration behind the corresponding ear. The mouth, fauces, and pharynx were free from lesion, and one of the incisors on the lower jaw had just made its appearance.

The treatment was principally directed to the abdominal system, and to the relief of the glandular irritation noted. After a few days, improvement was so manifest, that I had omitted a visit on Friday.

On Saturday morning I received a hurried message to see the child, and found that the more alarming symptoms had all returned during the previous night, that the restlessness was incessant,—that the vomiting was constant,—that the flushing of the face was renewed,—that the breathing was loud, laboured, and very irregular during the night,—and that he constantly started from most disturbed sleep; which would only be tolerated in the nurse's arms; that every attempt at putting him in the cradle aggravated the pulmonary symptoms. In addition I observed that the head of the child was rather drawn back, and that the chin projected somewhat unnaturally. He immediately screamed when the jaws were attempted to be separated, and in the region of the neck there was the greatest tenderness, particularly over the glands above alluded to. The integuments were free from discoloration, yet still the tumefaction was decidedly increased, and the slightest motion of the head appeared to give great pain.

At the moment, I was disposed to attribute the recurrence of those symptoms to a smart attack of inflammation in these glands, and was led to hope that the combating it, would relieve them. The treatment was accordingly directed with that object in view. Leeches were applied; fomentations and poultice used, and a smart mercurial purgative administered.

Sunday.—Night spent wretchedly; no alleviation of symptoms, with the exception of those connected with the inflamed

glands : they are better : the other symptoms are, if possible, more aggravated. In addition to those enumerated in the report of yesterday, there is now a gurgling noise in the fauces as if from accumulated mucus, and throughout the lungs there is evidence of considerable effusion into the larger bronchial tubes ; there are repeated and apparently painful and difficult efforts at swallowing, accompanied with frightful paroxysms of dyspnœa occurring at irregular intervals, during which the countenance becomes suffused, purple, and almost convulsed, and it is remarked that those immediately supervene on attempting to place the child in the cradle ; there is incapability of sucking, though great desire for the breast, the nipple of which is seized with avidity, and equally rapidly ejected with a sudden and spasmodic regurgitation of the milk ; any fluid placed in the mouth, either remains for a short time, and then gradually dribbles out, or otherwise produces a paroxysm accompanied with similar phenomena. At the moment of my visit, the repeated exertions of the child at the attempt of swallowing, the severe dyspnœa, and the great accumulation of mucus in the fauces, with the very restless state of the child, led me to apprehend the supervention of a fit of convulsions. I thought I recognized some of the features of the above case, when from some unintentional act in my examination, a most severe paroxysm supervened. The child appeared suffocating : I rapidly passed my finger into the fauces, and feeling a fulness I made pressure against it, which was increased by a convulsive effort of the child ; a sudden discharge of purulent matter got exit through the nostrils, and temporary relief was obtained, until I procured the additional assistance of Sir Henry Marsh and Mr. Cusack.

Perhaps about an hour or so had elapsed from the above occurrence when we met in consultation. At this time the breathing, though principally nasal, was more tranquil ; and a small quantity of fluid had been swallowed, but with much difficulty. The appearance of the child could not but make an impression upon those who saw him. The nostrils were

filled with matter which trickled down the lip ; any attempt at placing him in a recumbent posture was instantly followed by frightful dyspnœa, rendered still more serious from the great accumulation of mucus in the fauces. I directed attention to the throat, but notwithstanding every effort, no accurate view could be had of the back of the pharynx. The narrow space behind the root of the tongue was filled with pus and bubbles of frothy tenacious saliva, to clear which away repeated unsuccessful attempts were made. Here the freedom of separation of the jaws allowed of free, though rapid examination of the fauces, but the back of the pharynx could not be seen. I, however, felt a distinct tumefaction, and failing to puncture it with the grooved curette, as in the former case, I was obliged to rest satisfied with what had been done, arranging to watch the progress of the symptoms, and to support the child by every possible means, by introducing fluids through a tube passed through the nares, and by broth enemata ; to be prepared, if necessary, to open the trachea should any fresh symptoms of suffocation supervene ; and in addition, to keep constantly cleared away the accumulating phlegm at the back of the throat.

By visiting at short intervals, and carefully enforcing the above injunctions, the strength was supported, and the symptoms to a certain extent stayed. Next day they were stationary, though it was quite evident that considerable obstruction yet existed in the throat ; however the strength was improved, and the countenance of the child decidedly better. Another day passed without any material change, when the discharge from the nostrils ceased, and evidently, any opening made, or rather the ruptured portion of the sac had closed. Difficult respiration in any but the erect posture, or on an inclined plane with the head considerably depressed, recurred. Perfect inability of sucking and swallowing again set in, and suffocation appeared impending, when Mr. Cusack saw the child, and was still more satisfied of the presence of a tumour at the back of the pharynx. It was so tense and so unyielding, that did not the history of the

case justify the presumption that matter was present, the absence of any sense of fluctuation would have caused extreme doubt ; another difficulty presented itself in its being below the level of the tongue. The very limited space to operate in, together with the risk of wounding the neighbouring vessels, on account of the disposition of the swelling rather from the median line towards the left side, suggested the propriety of selecting some instrument the action of which could be accurately gauged. That which I had used in the former case was objectionable, not alone from the want of sufficient command of it from its conformation, but also from its shape. It was agreed that delay might be safely hazarded until next day, leaving word, however, that should any urgent symptom set in, I should be informed.

Next day, I found that throughout the night great apprehensions were entertained lest suffocation should have taken place. All other bad symptoms remained, if not aggravated, at least stationary ; and having arranged in the interim with Mr. Cusack, an instrument was contrived which succeeded most admirably. It consisted of a trochar about four inches long, one extremity

Fig. 1.—Cannula.

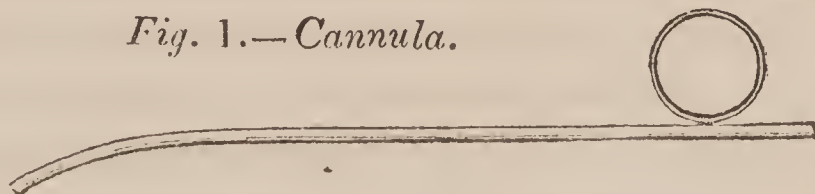
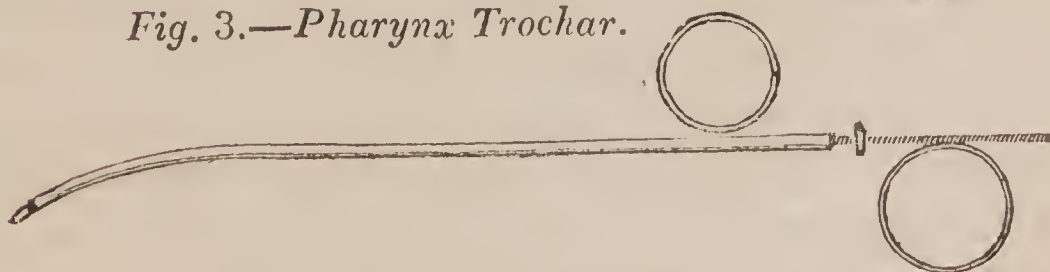


Fig. 2.—Stilette.



Fig. 3.—Pharynx Trochar.



of the cannula being slightly curved, the other with a ring on its upper surface to receive the fore-finger ; into this cannula was passed a jointed stilette, with, at its opposite extremity, a

ring for the thumb, and a moveable screw to graduate the projection of its point. Mr. Cusack having firmly supported the head of the child, I passed the forefinger of the left hand, towards the back of the pharynx, there resting the point of it, and guiding the armed trochar with the concealed stilette along it, accurately fixed it on the tumour, pressed forwards the stilette to its limited mark, and withdrawing it by an opposite manoeuvre, was gratified to see *a quantity of healthy purulent matter darted forwards on the child's clothes.*

The relief was immediate; the hæmorrhage trifling; and the result permanently successful. In this case it was unnecessary to renew the opening; the discharge, at first temporarily ceasing, returned, and the cure was rapid.

The boy is now a fine healthy boy. The constitutional treatment was similar to that adopted in the last case.

Such is the history of two extreme cases of *acute* abscesses at the back of the pharynx, occurring in children, selected from others of the same nature, which I have witnessed within the last three years, and necessarily with opportunities comparatively limited. I have brought them forward as remarkably illustrative of the symptoms attendant on their progress; as novel at that period of life, in the records of medicine, as far as I have been enabled to learn, from the investigations I have made; and as corroborated by the testimony of others.

I cannot instance the history of any similar acute case occurring in the adult, which came immediately under my observation, although I have watched for such with much anxiety for no very short period. I have attended many severe cases of tonsillitis, which have terminated in suppuration, some of which I have opened between the pillars of the fauces, and some on the anterior part of the velum. I have met with abscesses of the velum itself, and of the uvula, and I have met with one or two of that description, so accurately and so beautifully described by Petit,* which form *behind* the tonsil, and I believe always im-

* Traite des Maladies Chirurgicales et des Operations qui leur conviennent

plicate more or less the auditory apparatus, but I have never been able to detect an abscess situated distinctly at the back of the pharynx, or perhaps, I should rather say, that the symptoms attendant on such did not attract my attention. That such collections take place cannot, however, be questioned. The experience of our surgeons in extensive practice, will bear testimony to the fact of their occasional, though extremely rare occurrence, and will, I am sure, confirm the statement, that their attendant symptoms are so equivocal and anomalous, that if discovered, they have been so by the merest accident. The first systematic author I find particularly alluding to their presence, is Sir Astley Cooper. In his *Lecture on Abscesses*, he thus expresses himself. “Abscesses are also dangerous, from their being situated in vitally important parts, such as the brain, heart, or lungs; or when they are not seated in parts of vital importance, from their pressure on essential organs.

“CASES.—A woman was admitted into Guy’s Hospital for a complaint in the throat, occasioned by *swallowing a pointed bone*.—All she complained of at first was a soreness in the throat: but she was shortly after seized with difficulty of breathing, which increased greatly, and she died. On examination after death, I found, upon making an incision into the pharynx, that *between it and the forepart of the vertebræ*, a large abscess had formed, which, by pressing the pharynx forward on the epiglottis and glottis, occasioned difficulty of breathing, and in the end, destruction of life. Shortly after this, Dr. Babington came to this Hospital with a friend of his, who was labouring under great difficulty of breathing. He requested me to examine his throat. Having put my finger on the back of the pharynx, and felt fluctuation there, I told him that this was a case of which I had seen *an instance*, where the patient had died, from a collection of matter formed in the same situation.

I immediately procured a seton needle, and including it in a cannula, like a trochar, I put it down into the pharynx, let out a considerable quantity of matter, and the patient was relieved. Here was a case which, but for this operation, would probably have terminated fatally, by the pressure of the matter on vitally important parts."

In the "*Dictionnaire de Medicine et Chirurgie Pratiques*," under the article "*Pharyngotome et Pharyngotomie*," another case will be found, in which the presence of an abscess at the back of the pharynx was detected, and its puncture followed by successful results. But in each and all of those recorded cases, it is a remarkable fact, that the abscess was actually formed, before a suspicion of its existence was entertained, so extremely equivocal were its premonitory symptoms, even in the case where the exciting cause naturally led to the examination of its immediate seat. Hence, it appears to me, that the subject is one of extreme importance, and fully deserving of separate investigation.

Let us then inquire into those circumstances in connexion with it, which will best explain the nature of the affection, its progress, and the treatment calculated to remedy it.

From the report of the cases, and the details of the attendant symptoms, (given perhaps with unnecessary minuteness,) a particular description of this affection may in a great measure be dispensed with. It is evidently one of an inflammatory character, and, like the majority of such, may be acute or chronic, circumscribed or diffused, as appears from the following extract from the "*Elements of the Practice of Medicine*," by Drs. Bright and Addison. "Acute idiopathic pharyngitis, or that in which the inflammation is limited to the pharynx, is of extremely rare occurrence. We have only seen two instances of the kind. One occurred in a female beyond the middle period of life, the other in a man between forty and fifty years of age. The female, after exposure to cold, was attacked with pain in the throat, and great pain and difficulty in swallowing, speedily

followed by the ordinary signs of febrile excitement. The pain and difficulty in swallowing rapidly increased, till at length the smallest particle of food or drink could not be taken. *The voice was distinct, but the articulation imperfect, as if the patient were unable or unwilling to exert the laryngeal muscles.* On making a careful inspection, scarcely the *slightest trace of inflammation could be detected in the throat*, nor could the epiglottis be distinguished; but on making pressure on one spot externally on the right side, and at the posterior part of the thyroid cartilage, the patient complained of acute pain. She was bled from the arm, and had leeches applied to the neck, followed by a large warm poultice, and the inhalation of warm water vapour. Under such treatment, the disease yielded in a few days to such an extent, that she was again able to swallow, but acute pleurisy now supervened, which, in her reduced state and bad constitution, speedily proved fatal. On examining the parts after death, unequivocal marks of acute inflammation were found at the lower part of the pharynx, the inferior portion of the epiglottis, and posterior surface of the arytenoid cartilages, together with such a degree of purulent infiltration into the submucous cellular tissue in the latter situation, as almost to present the appearance of an abscess, although the cellular structure itself was not broken down. Had not the disease been subdued, this might have undoubtedly *passed into a state of abscess, which, by its increase of size and consequent pressure upon the larynx, would probably have seriously interfered with the process of respiration, or even have proved fatal by producing suffocation.* The symptoms of the other case bore an exact resemblance to the above, with the exception of the pain on making pressure externally, which was not present in that instance."

Here are evidently recognizable, the local phenomena of *diffuse* inflammation, confirmed by the transfer of disease to the thoracic organs, so frequent in similar cases.

For my own part, I am disposed to the opinion, that, with

very few exceptions, this particular affection of the throat is *always* symptomatic, in some cases, of *direct* injury, as in that cited from Sir Astley Cooper's Lectures, but, in by far the great majority of cases, *symptomatic* of some *constitutional* derangement, *general* or *specific*; *general*, as the result of fever, and particularly of that form of fever, termed by the French pathologists "gastro-encéphalite" or *specific*, in the two-fold sense in which that term is applied by practical authors, namely, *specific*, as to the exciting cause, or *specific*, as to modification by constitutional peculiarity.

These considerations appear to me of great importance in influencing the character and progress of the attack; in the one, stamping it with an acuteness and rapidity of supervention alarmingly deceptive, and in the other, with a chronic tediousness not likely to escape detection.

Its seat is unquestionably between the back of the pharynx, and the muscles on the anterior part of the spine, in the loose cellular, or rather reticular texture, there to be found intervening. It is nothing more or less than inflammation in this region, terminating in suppuration; and, to have an accurate knowledge of the pathological conditions present, as well as of the symptoms attendant on them, and the requisite treatment, it is absolutely necessary to bear in recollection both the structural and relative anatomy of the pharynx. Perhaps in few other lesions can we more satisfactorily exemplify the relations between cause and effect. For example; the extreme tension, and almost unyielding hardness of those tumours on pressure, stated in the report of the cases, will be accounted for, by the very strong, though apparently diaphanous membrane, upon which its superior constrictor is expanded at its posterior and upper part, and the locked state of the jaws will be partially accounted for, at all events, by the attachment of a portion of that muscle in its lateral aspect.—The facility of opening the mouth in some cases, and the impossibility in others, may be referrible either to the amount of matter collected, and hence greater tension, or perhaps to the for-

mation of the lower jaw in the child, as it was in the youngest that this freedom of separation existed most.—Again, the cerebral symptoms, and those affecting the respiratory organs, are easily attributable to the mechanical pressure on the nerves and important vessels on the one hand, and to the presence of impure blood in the nervous centre on the other,—while, the peculiar position of the head, the inability to elevate it, the rigid state of the muscles at the back of the neck, and the supervention of the almost apoplectic interval when in the recumbent posture, may be referred to the varying pressure exercised on the glottis from the projection of the abscess opposite that opening, necessarily influencing more or less the free entrance of air to the lungs.

In childhood these effects on the brain are of the greatest moment; all practitioners are aware of the great predisposition which exists at that period of life to cerebral disease; that it is induced by the most trifling, sometimes the most opposite, causes, and that none more frequently give rise to it, than those which create any derangement in the circulating capillary system, already so necessarily active in the immediate vicinity of this organ; that the several cutaneous diseases incidental to this period of life often terminate fatally in it, or are complicated with it, and none perhaps more than those which are accompanied with affections of the throat; for instance, Variola or Scarlatina? How awfully fatal are not those diseases in childhood; and in the most alarming cases, is not the throat often seriously engaged? Nay, more, may it not be one of the causes of the cerebral affection? These considerations have led me to an opinion which I am strongly induced to entertain from reflections, both anatomical and practical; namely, that the more close investigation of the causes and symptoms of this affection in its *acute* form may tend to limit the fatal results of those diseases, inasmuch as in them we know it to be a fact, that the glands in the neighbourhood of the throat are constantly and extensively implicated in

its inflammatory affections ; and that if, as I at present feel satisfied from the examinations I have made, some of those glands are to be found in the loose reticular texture between the pharynx and the spine, more frequently in the earlier than the advanced periods of life, we have an additional point, at all events, to direct our attention and treatment to, which may assist materially the operation of remedies.* That this affection which I bring under the consideration of the Profession, is not unfrequently an acute inflammation of one of those glands, particularly in childhood, I am strongly disposed to think, and I am confirmed in the opinion even by the history of the very cases which I have adduced. That those glands are only occasionally found in this situation I admit, and hence probably the rare occurrence of this particular form of disease ; but that they do exist more frequently than is generally imagined I am equally certain ; and I also believe that those affections of the throat termed scrofulous, when engaging the back of the pharynx, and presenting deep ulcerations, are often no more than chronic suppuration and ulceration of them.

To sum up then I would say, that I consider this affection of the throat in children, when *acute* in its progress, as, often, an inflammation of a lymphatic gland situated at the back of the pharynx ; an inflammation extremely rapid in its progress to suppuration from its particular position ; that I would watch for it during the period of difficult dentition, and in the several cutaneous affections or diseases of the gastro-intestinal mucous membrane to which children are liable ; and that I would consider as strongly pathognomic of its presence the following symptoms :—

Fever, more or less sthenic in its character according to the

* The presence of lymphatic glands between the pharynx and spine is noticed by Cloquet in his Anatomy ; and in three out of four cases where I have had an opportunity of making the investigation in children under six years of age, I have found one, two, or three, very small, but yet satisfactorily present.

peculiarity of constitution of the child is always present, and, I think, precedes the development of the local symptoms.

These local symptoms are premonitory and essential.

The *premonitory*, indicative of *local* uneasiness, but yet common to all affections of the throat ; complained of, or otherwise, according to the age of the child, and on examination, not accompanied with proportionate visible lesion. The *essential*, often very suddenly supervening, and indicated by derangement of the cerebral, circulating, and respiratory systems, alternating with the comparatively healthy condition of those systems, according to the alteration in the position of the individual.—Fixed and retracted state of the head, with rigidity of the muscles at the back of the neck, and more or less locked state of the jaws.—Painful deglutition, impossibility of swallowing solids, and fluids convulsively darted forward through the mouth and nose.—Repeated acts of deglutition without the presence of any fluid in the mouth, and, on examination of the fauces, a firm, projecting tumour felt beyond the base of the tongue, and if seen, presenting a smooth, rounded, highly vascular appearance behind the soft palate, usually occupying the median line, but occasionally inclining to either side. These *essential* symptoms accompanied with the ordinary characteristics of suppurative fever.

The presence of those symptoms appears to me so conclusive of a collection of matter at the back of the pharynx, that I would not for a moment hesitate to decide on its nature, and proceed to open it. In such cases, I think the interference of the surgeon absolutely necessary, not alone from the fact of certain fatal results from mechanical pressure on, and interference with, vital organs, but also from the situation of the abscess being particularly favourable to extensive diffusion. In opening it, great caution must be observed, and a careful assistant at hand to steady the head, and throw it forward the moment the abscess is punctured.

I am disposed to recommend an instrument much on the con-

struction I have alluded to. I think it a manageable instrument, and fully within control, and I think the triangular wound made with it, less likely to heal by adhesion, than one made with a lancet or bistoury. Another advantage also arises from the valvular shape of the opening, whereby a too copious or sudden discharge of matter is prevented, and a greater or less extent of subsequent ulceration secured, by which the opening becomes gradually proportioned to the contracting walls of the cavity, and hence is placed in a position more favourable to permanent healing.*

The necessity for caution will be proportioned to the situation of the abscess, being more called for where it deviates from the median line, or exists below the level of the tongue. I have seen one instance, referrible, I think, to this class of disease, in which a spontaneous opening took place, and here the situation of the abscess was very high up, and the discharge was principally through the nose.

It occurred in a boy not more than *four weeks' old*, who had a well marked attack of erysipelas of the face and scalp, ushered in by a severe fit of convulsions. He was under the care of my friend Dr. Fitzpatrick, with whom I was in attendance. Independent of the age of the child, the case was most unpromising, from his extreme delicacy of constitution. Every, the most unfavourable symptoms, were present. In fact, we thought the

* The "Pharyngotome" of Petit is familiar to all. It was invented expressly for the opening of abscesses of the velum and tonsils, in his valuable remarks no allusion being made to such an affection of the pharynx.

It was, in fact, a lancet supported on a stilette, with a spring at its opposite end, both contained within a cannula, provided with a sort of spatula to depress the tongue. It was straight, and so, from the difficulty of contriving one curved, which would admit of free protrusion of the stilette. The jointed stilette of Hourteloup, however, compensates for this, and the advantage of the trochar-shape I have mentioned. The curve is desirable, independent of its adaptation to every position of the abscess. The finger is decidedly the best spatula, accommodating itself to the morbidly sensitive state of the lingual muscles, and at the same time serving as a director for the trochar.

child almost in *articulo mortis*,—when, a *sudden and profuse* purulent discharge took place from the nostrils. The features of the case rapidly altered, and the child got well. At that time I was unacquainted with the form of disease in question; but I think it more than probable, that it was one of those critical depôts behind the pharynx; at all events the case is worth recording, from the occurrence of erysipelas in the situation mentioned, at that very early period of life, and from its successful issue.

It is unnecessary to dwell on the diagnosis of this affection of the throat, or allude to those diseases with which it may be confounded, their respective descriptions being so extremely accurate, as merely to require reference to the authors who treat on them. Unquestionably, in the advanced stage of it, where the tumour is considerable, and the symptoms of cerebral compression intense, particularly where much debility and emaciation are present, (not unlikely concomitants,) it is more than probable that it may be overlooked, and the fatal result attributed to other causes,—and in the earlier stage, many symptoms exist, not unlike those attendant on spinal disease in this portion of the cervical region. Attention, however, to the history of the case, to the presence of fever, and to those features which have been noted *as essential*, will at once remove any difficulty.

Chronic abscesses, single or otherwise, are also occasionally found in this situation, during the earlier periods of life. They are often actually formed of some size before detected, and this, probably, from the little inconvenience they occasion. They are connected more or less with that state of constitution termed scrofulous, and I am satisfied that they will be found of the same nature with similar degenerations (if I may use the expression) of the cervical glands, so common in those constitutions.

The symptoms attendant upon them are in a much milder degree of the same character with the acute, and perhaps, the most prominent are, the remarkable effect produced on the re-

spiration, by change to the recumbent posture. There is absence of fever, and throughout the day the child is free from any obvious illness,—able to play, and join in the amusements of other children ; I have known them not to complain of any uneasiness in the throat, and attention to be directed to it, from the raucous breathing during sleep. In fact, the symptoms much resemble those of common scrofulous induration of the tonsil.—They are hence, cases of comparatively minor importance ; there is time to investigate them. Indeed, with them may be complicated chronic enlargement of the tonsils. I have met with them after scarlatina, after variola, and after measles. In fact, they are some of the sequelæ of those cutaneous diseases, and like them may be accompanied with suppuration of the internal or external ear, and so come under the description of similar cases already alluded to, as described by Petit. They possibly may require surgical interference, and always are benefited by those local and general remedies suited to their peculiar nature. At the same time, it is perfectly intelligible that they may undergo a spontaneous cure, and altogether escape observation.

The remarks which I have as yet made, are principally in reference to this affection, as an occurrence in childhood. From them the following conclusions are, I think, justly deducible.

First,—That a new cause of obstruction in the throats of children exists, independent of those noted by authors who treat on their respective diseases.

Secondly,—That the presence of the obstruction is indicated by symptoms peculiarly characteristic, although extremely equivocal in their nature, if not accurately investigated. And

Thirdly,—That its removal is effected by an operation, simple in performance, and, as far as can at present be ascertained, certain in its results.

With respect to this affection in *adults*, I have already stated that I have not had an opportunity of witnessing an instance. I cannot, however, imagine otherwise, than that the attendant symptoms, in the incipient and advanced stages of the

inflammation, must very much resemble those as detailed in the child, with the great additional advantage of the history from the patient, and yet, how extremely anomalous and deceptive must they not be, when we reflect on the cases which I have brought forward and reported.—In all, the *premonitory* symptoms did not attract attention, and even in those which were recognized, and terminated favorably, the *essential* were too characteristic from their extreme development, and mechanical operation, to escape notice. That they occur, however, cannot be questioned, and that they are, with certain restrictions, attributable to similar causes, is more than probable.

The case I have alluded to in the “*Dictionnaire de Chirurgie, &c.*,” is conclusive, as to the occasional supervention of abscess behind the pharynx during or after fever, in the *adult*, just as the first case I have detailed, is, in the *child*.

“ Il est assez rare que l'on soit obligé de porter l'instrument tranchant dans le pharynx, soit afin de donner issue à des collections purulentes formées a son voisinage, ou dans son epaisseur, soit pour dégager et extraire des corps étrangères arrêtées dans sa cavité. J'ai vu, cependant, il y a peu d'années, un malade qui, a la suite d'une gastro-encéphalite grave, avait eu un *abcès critique volumineux* a la partie posterieure du pharynx. La bouche étant *largement ouverte*, et *la langue abaissée avec le doigt*, ou *le manche d'une cuiller*, la tumeur se présentait rouge, tendue, luisante et lisse à sa surface, faisant dans le pharynx une saillie considerable, qui obstruait cette cavité, rendait la respiration difficile, s'opposait au libre passage des substances alimentaires, et alterait beaucoup l'articulation des sons. La tumeur s'étant développée dans la paroi cervicale du pharynx, directement en arriere de l'isthme guttural, l'incision qui en fut pratiquée donna issue a une grande quantité de pus, que le malade rejeta au moyen d'efforts d'expulsion peu considerables, et la guérison eut lieu en peu de jours.”

In this case and in that given by Sir Astley Cooper, it is remarkable with what facility the mouth was opened, and the

tongue depressed, as it forms a strong contrast with the almost utter impossibility of accomplishing the one, and the excessive pain induced on attempting the other in those cases I have met with. It may perhaps be attributable to the greater powers of accommodation of the structures engaged, to their new position, at the former period of life than in the latter ; but I am inclined to refer it more to the very rapid progress of the acute form of the disease in children, and the accompanying fever, a circumstance not noted in the other cases. They are, in fact, more of a chronic character. Indeed no account is given of the constitutional symptoms, or whether any existed ; and it is almost certain that such would not have escaped the accurate research of those who witnessed and reported them, did they present any peculiarity beyond that arising from their local effects. Hence an additional circumstance in favour of their *chronic* nature.

It would certainly be a most interesting fact to be enabled to adduce an instance of the occurrence of such an affection, *acute* in its progress in the adult. Possibly some of the suddenly fatal cases in tonsillitis are confounded with them.

Allan Burns, in his "Surgical Anatomy of the Head and Neck," thus expresses himself when on the subject of suppuration in the tonsil.*

"When the collection of matter is large before the abscess burst, the patient is in a more dangerous situation than is generally imagined. His breathing is obstructed and gasping ; he feels much anxiety in the chest ; his face is dark and bloated ; his eyes are painted with vessels containing purple-coloured blood, they are prominent, and seem ready to start from their sockets. We cannot be deceived in regard to the origin of those symptoms, which decidedly show that the lungs are imperfectly supplied with impure air. Whenever the abscess bursts, the mouth and fauces

* Surgical Anatomy of the Head and Neck, by Allan Burns. Glasgow Edition, 1824.

are filled by a gush of matter, every obstruction to the free entrance of air is suddenly removed, the patient fetches an involuntary and deep inspiration, air and matter rush together into the trachea, and death from suffocation is almost the inevitable consequence.

“ This, to some, may have the appearance of a fanciful description, or, at all events, an overcharged picture ; but its fidelity will be admitted, when I inform them, that in this very way a strong, active young man lately lost his life. He had been complaining *for a few days of a sore throat*, for which he had consulted his surgeon, who had employed the usual remedies. The inflammation terminated in suppuration : the abscess enlarged until the tumour occupied the entire fauces ; yet *ten minutes before his death*, he was walking about the house, restless indeed, anxious, and gasping for breath. The bursting of the abscess and death followed each other so rapidly, that no measures could be taken to prevent the latter event.

“ The cause of death was not conjectured in this instance ; the body was examined, *and the trachea found deluged with purulent matter.*”

It is much to be regretted that the condition of the larynx is not particularly noted, as the history of the case is by no means conclusive of the actual nature of the affection of the throat ; it merely states, “ sore throat,” a very equivocal expression.

Is it not a fact, that in the most severe cases of acute cynanche tonsillaris, the inflammation occupies a greater or less portion of the soft palate and its pillars ? That the tongue can be hardly protruded, and that the jaws are separated with difficulty ; and in this condition is not the base of the tongue so circumstanced as rather to favour the protection of the glottis ; an office in which it is not unlikely assisted by the effusion of serum, or lymph mixed with serum, to a greater or less amount, on the anterior aspect of the base of the epiglottis ? Here is it

likely that an abscess of the tonsil would burst into the trachea? or rather that the glottis would admit the matter? I think not. I think in such severe cases, death is much more attributable to the surrounding serous effusion producing œdema of the glottis, and its consequences; or to the extension of a bad character of inflammation producing a similar effect on the glottis, from sub-mucous purulent infiltration.

It may be said that among the symptoms I have enumerated as pathognomic of abscess behind the pharynx, the peculiar state of the jaws now noted, existed, and that it equally favours the same position of the tongue, and the same condition of the glottis; but here it must be borne in recollection, that the situation of the abscess (when of a *phlegmonous* character, perfectly *circumscribed*) would above all others oppose this effect of the epiglottis. It acts from *behind forwards*, and so far forms an obstacle to otherwise perhaps fatal results, an obstacle assisted within certain limits by the posture selected by the patient. But on the other hand, how is this effect circumstanced as far as regards the glottis, should this abscess give way? or should the surgeon be incautious in opening it? Surely the passage of the matter into the trachea is almost inevitable. May such results not have occurred without detection? may it not have been the case here? The only provision against such a termination is the extreme laxity of connexion between the spine and the posterior part of the pharynx favouring its descent, and the more dense nature of the aponeurotic expansion already alluded to *in the median line*, being unfavourable to its pointing in that situation.

When we recollect, however, the laws adopted by nature to direct the progress of abscesses situated near *mucous* membranes, and that those laws are the more strictly adhered to, the more *acute* the nature of the abscess, and the more distant from a *cutaneous* surface, we can reconcile to ourselves the opinion that such provisions would not prevent the *direct* bursting of such abscess notwithstanding their presence. The same re-

marks are not applicable to *chronic* abscess ; and hence the extended route they take may be accounted for, as instanced in two cases reported in the Transactions of the Association of the College of Physicians, on abscesses between the *œsophagus and spine*, which at their commencement were most probably situated behind the upper part of the pharynx, and there recognizable by sight or touch.*

In the adult then, as in the child, the acute abscess behind the pharynx imperatively calls for the early and prompt interference of the surgeon, who must necessarily observe the same caution already alluded to in reference to its treatment. The selection of the trochar is perhaps still more advisable from the great probability of a considerable accumulation of matter. The constitutional treatment here, as in that of the child, includes, of course, those restorative means generally adopted under similar circumstances.

* The report of those cases is to be found in the third volume of the Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland, under the head of a communication referring to the operation of tracheotomy. The peculiar circumstances attendant on the history and progress of the first case reflect much credit on the candour of the author ; and the remarks on the diagnostic signs of *abscesses between the œsophagus and spine*, with the requisite treatment, will amply repay the practical inquirer. I would particularly recommend the original paper, as the extracts in the periodicals of the day omit what is, perhaps, most important. A comparison with the *essential* symptoms of abscess between the pharynx and spine, will be found conclusive as to the difference between these two affections.

The assertion, that by possibility the seat of those abscesses may have been *originally between the pharynx and spine*, and visible at the back of the throat, cannot for a moment be construed into the presumption that such could have escaped the attention of the reporter ; at the period at which they came under his immediate observation, it is particularly noted, that no abnormal appearance presented itself in that situation ; and it is to be borne in recollection, that their previous history and progress were very obscure. Again, I by no means attempt to deny the possibility of an abscess *originating below the termination of the pharynx* ; on the contrary, I have seen such. The treatment best adapted to them appears to me questionable. They certainly are more favourably circumstanced for *spontaneous* opening, than those the subject of the present paper.

Chronic abscess in this situation is, in the adult, I would say, always symptomatic of some constitutional derangement resulting from a specific taint.

It may be scrofulous, and decidedly it may be connected with those anomalous affections occurring in the progress of cases of a pseudo-syphilitic character. As, in such affections elsewhere, our principal aid must be derived from constitutional treatment, which it is unnecessary here to particularize. The local treatment may vary in each individual case as to time of interference, but in all, I believe the slow evacuation of the contents of the abscess is prudent. The complication of an abscess in this region of the spine with disease of any of the cervical vertebræ, will of course materially modify its character and progress, but not having met with such, I merely allude to their possibility of occurrence.

The diagnosis of this affection in the adult, is to a certain extent unattended with much of difficulty, and principally, perhaps, as in the child, escapes detection from the little local distress induced by its presence. Some caution, however, is called for notwithstanding, as in the situation in which it occurs, other affections of a chronic character are met with, with which it may be confounded. Allan Burns, for example, mentions a case where a *polypus* was mistaken for an abscess of the tonsil. Is it not equally probable, that a similar mistake may be made in the case of chronic abscess behind the pharynx ; or, might not a chronic tumour, malignant or otherwise, in the same situation, lead to a similar mistake. These considerations, however, are not exactly relevant, or if so, are unnecessary, as they imply more than unusual carelessness on the part of the practitioner.

Enough then has been advanced, confirmatory of the presence of this form of disease in children, and in adults, and explanatory of those most prominent symptoms attendant upon its progress and full development. It most certainly is to be met with at *both epochs* of childhood, as an *acute* and *chronic* affection, and more than probably is similarly so in adult life. In

both, it requires on the part of the surgeon, promptness and extreme accuracy of diagnosis, and in both, the most circumspect caution and decision as to treatment. Attributable to causes already specified as generally applicable, the chronic form in the adult may be complicated with constitutional lesions somewhat peculiar, arising from diseases to which he is more liable.

THE END.

